

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 100 58064		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2							52				
3	2		2				53				
4	2		2				54				
5	2		2				55				
6	2		2				56				
7	1		1				57				
8	1		1				58				
9							59				
10	2		2				60				
11	1		1				61				
12	2		2				62				
13	2		2				63				
14	2		2				64				
15	2		2				65				
16	2		2				66				
17	2		2				67				
18	2		2				68				
19	2		2				69				
20	2		2				70				
21	2		2				71				
22							72				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	54		4				TOTAL IND.				
TOTAL DEP.	137		32				TOTAL DEP.				
TOTAL CLAIMS	96		36				TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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